POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	450		7-7-01
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## **INDEX OF CLAIMS**

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_	(Through numeral) Canceled	Α.	Appeal
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If more than 150 claims or 10 actions staple additional sheet here